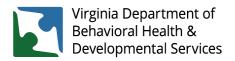
COVID-19 and the Hospital Census



DBHDS: A Life of Possibilities for All Virginians

The COVID-19 crisis has tested the entire behavioral health system and shown the very precarious nature of our state hospitals.

- State hospitals have experienced a significant increase in total admissions and temporary detention order (TDO) admissions as private sector psychiatric hospitals have become increasingly restrictive in their admission requirements around COVID testing over the past few months.
- As we've grappled with COVID-19, most hospitals have been near full or over capacity, especially during the summer. The geriatric beds have consistently been over 110% capacity.
- As a result, some individuals are experiencing COVID-related admission delays. Delays cause a considerable strain on our partners.

The staff at our facilities have done an impressive job of managing COVID-19 and controlling outbreaks when they present, while at the same time managing a high census and staffing shortages.

- Early visitation restrictions and aggressive plans for infection control and isolation kept facilities COVIDfree for the first four months of the pandemic. As statewide re-opening has begun, outbreaks have resulted in admissions holds at 8 facilities so far.
- While we have gotten quite good at managing this issue within our facilities in partnership with local health departments, continued vigilance will be required.
- DBHDS is collaborating with VDH on the rapid distribution of available vaccine within our facilities, but we are prepared to continue to operate with COVID-19 in our lives well into 2021 and beyond if necessary.

COVID-19 has only compounded the existing hospital bed census crisis, and we need real change to make our facilities work for both patients and staff.

- Part of this has to do with improving operations at state hospitals and stepping down individuals more efficiently when they are clinically ready for discharge.
- We also are engaging with private providers, forging contracts for diversion or step-down, and developing LIPOS contracts.
- Finally, our partnership with CSBs is critical to strengthening community-based services. DBHDS is working with them to develop and enhance accountable strategies for diverting from inpatient care and quick and effective discharge.

DBHDS works to ensure behavioral health, substance use disorder, and developmental disability services are available to all Virginians who need them in the most community-oriented, integrated setting possible. More information is available at dbhds.virginia.gov/about-dbhds/policy-and-public-affairs/ga2021

